

INTERNATIONAL TRAVEL CONSULTATION RECORD

Please complete and send to OHS, Building 426.

To be completed by Traveler:

- Date of Request _____
- Employee Name _____ I.D. # _____
- Location (i.e. NCI-Frederick, NIH Bethesda, Toll House) _____
- Bldg./Room # _____
- Phone #. _____ Fax # _____
- Purpose of Travel: Work Related Personal
- Date of last day at NCI Frederick - Prior to Departure _____
- Please list countries in chronological order and specify city or rural areas, side trips, jungle, river, etc.

City/Country:

Dates:

For Official Use Only

Medical Consultation in OHS: Completed _____ Scheduled _____

Signature _____ Date _____

Security Consultation Completed:

Signature _____ Date _____